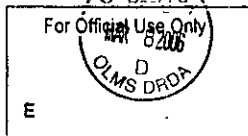


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 07073	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Nolan Mciriwaki P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819	4. Name, file number, and address of labor organization. Name Bricklayers Union, Local No. 1 Labor Organization File Number 025-992 P.O. Box, Building and Room Number, if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819
5. Position in labor organization. Financial secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>X <i>Nolan Mciriwaki</i></u>	On <u>X 2/23/06</u>	(808) 841-0491
	Date	Telephone Number

Name of Person Filing Nolan Moriwaki	File Number U- 07073
--------------------------------------	----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan See Attachment 1 of 7</p>
	<p>11.b. Approximate dollar value of such dealing. \$12,618</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Nolan Moriwaki

File Number U- 07073

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Masons Pension Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Masons Pension Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan See Attachment 2 of 7</p> <p>11.b. Approximate dollar value of such dealing. \$14,545</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

Name of Person Filing Nolan Moriwaki

File Number U- 07073

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Hawaii & Plasterers Annuity Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Hawaii & Plasterers Annuity Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer
Taft-Hartley employee benefit plan
See Attachment 3 of 7

11.b. Approximate dollar value of such dealing.

\$8,236

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Nolan Moriwaki

File Number U- 07073

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Masons Health & Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masons Health & Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer
Taft-Hartley employee benefit plan
See Attachment 4 of 7

11.b. Approximate dollar value of such dealing.

\$445

12.a. Nature of interest held or income received.

12.b. Amount.

Nolan Moriwaki
File Number - 07073
12/31/2005

Page 1 of 7 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
TR	January 1, 2005 through December 31 2005	222	Meeting expenses for attendance at quarterly trust fund meetings	Check
		58	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		6	Meeting expenses for attendance at special trustee meeting	Check
		<u>286</u>		
	January 1, 2005 through December 31 2005	7,956	<u>Seminars</u> (8/2005, 9/2005 & 11/2005)	Check
		2,521	Airfare	
		545	Hotel	
		720	Registration	
		591	Auto	
		<u>12,332</u>	Meals	
Total		<u>12,618</u>		

Amounts paid on behalf as a trustee of Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Nolan Moriwaki
File Number - 07073
12/31/2005

Page 2 of 7 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
PN	January 1, 2005 through December 31, 2005	919	Meeting expenses for attendance at quarterly trust fund meetings	Check
		58	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		6	Meeting expenses for attendance at special trustee meeting	Check
		<u>983</u>		
			<u>Seminars</u>	
	April 2005	7,297	Hollywood, FL (See attached page 5 of 7)	
	August 2005	6,265	Washington, DC (See attached page 6 of 7)	
		<u>13,562</u>		
	Total	<u>14,545</u>		

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Nolan Moriwaki
File Number - 07073
12/31/2005

Page 3 of 7 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
AN	January 1, 2005 through December 31, 2005	335	Meeting expenses for attendance at quarterly trust fund meetings	Check
		58	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		6	Meeting expenses for attendance at special trustee meeting	
		<u>399</u>		
			<u>Seminars</u>	
	May 2005	7,837	Washington, DC (See attached page 7 of 7)	
		<u>7,837</u>		
	Total	<u>8,236</u>		

Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Nolan Moriwaki
File Number - 07073
12/31/2005

Page 4 of 7 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
HW	January 1, 2005 through December 31, 2005	381	Meeting expenses for attendance at quarterly trust fund meetings	Check
		58	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		6	Meeting expenses for attendance at special trustee meeting	Check
		<u>445</u>		

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Nolan Moriwaki
International Foundation - Investment Institute
Legislative Update - Pension
Hollywood, Florida

Item	No Date	4/15/05	4/16/05	4/17/05	4/18/05	4/19/05	4/20/05	4/21/05	4/22/05	4/23/05
Airfare, Train, Bus	4,249.22									
Meeting Registration	885.00									
Hotel			265.29	265.29	265.29	265.29	98.10	98.10		
Breakfast				24.14	24.14	24.14		21.36	16.84	
Lunch			20.81		27.24		42.29	34.73		
Dinner			94.66	86.26	76.42	111.46				
Porters-Bellman		5.00	5.00						10.00	
Taxis, Bus			23.00							
Maid				5.00	5.00	5.00	5.00			
Snack					8.82			4.00		
Airport Parking										
Other:										
Coffee										
Car Rental										227.35
Gas										
Valet										
Private Auto - mileage										
Cart										
Parking										
Toll										
Long Distance										
Laundry										
Totals	5,134.22 7,297.23	5.00	408.75	379.69	405.91	405.89	145.39	158.19	26.84	227.35

Nolan Moriwaki
International Foundation - Fraud Prevention - Pension
Washington, D.C.

Item	No Date	8/08/05	8/09/05	8/10/05	8/11/05	8/12/05	8/13/05	8/14/05	8/15/05	8/16/05
Airfare, Train, Bus	4,807.60									
Meeting Registration	590.00									
Hotel			216.41	216.41	216.41					
Breakfast				16.48	20.05					
Lunch				20.33						
Dinner			58.67	69.39						
Porters-Bellman		10.00				10.00				
Taxis, Bus										
Maid				5.00	5.00	5.00				
Snack										
Airport Parking										
Other:										
Coffee										
Car Rental										
Gas										
Valet										
Private Auto - mileage										
Cart										
Parking										
Toll										
Long Distance					8.21					
Laundry										
Totals	5,397.60	10.00	275.08	317.61	249.67	15.00	0.00	0.00	0.00	
	6,264.96									

Nolan Moriwaki
International Foundation - Legislative Update - Annuity
Washington, D.C.

Item	No Date	5/13/05	5/14/05	5/15/05	5/16/05	5/17/05	5/18/05	5/19/05	5/20/05	5/21/05
Airfare, Train, Bus	4,808.51									
Meeting Registration	945.00									
Hotel			301.14	301.14	301.14	301.14	98.10	98.10		
Breakfast				19.86			22.54	18.41		
Lunch										
Dinner			56.09	57.67	56.95			89.34		
Porters-Bellman		5.00	5.00						10.00	
Taxis, Bus			20.00							
Maid				5.00	5.00	5.00	5.00	5.00	5.00	
Snack							3.25			
Airport Parking									-70.00	
Other:										
Coffee										
Car Rental									219.10	
Gas										
Valet										
Private Auto - mileage										
Cart										
Parking										
Toll										
Long Distance										
Laundry										
Totals	5,753.51 7,837.48	5.00	382.23	383.67	363.09	306.14	128.89	210.85	304.10	

LEMKE, CHINEN & TANAKA, C.P.A., INC.
CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A.
THOMAS M. H. PARK, C.P.A.
PAUL H. ASANO, C.P.A.
EDWIN K. NITTA, C.P.A.
TERRY A. TAKAKI, C.P.A.



210 WARD AVE., SUITE 336
HONOLULU, HAWAII 96814-4012
TELEPHONE (808) 533-6254

DATE: February 25, 2006

CERTIFIED: 7004 2510 0001 2810 0027

TO: U. S. Dept. of Labor
Employment Standards Admin. Office
of Labor-Management Standards
200 Constitution Ave., NW, Room N-5616
Washington, DC 20210

<u>NAME</u>	<u>FORM</u>		<u>AMOUNT</u>	<u>CHECK</u>
Moriwaki, Nolan Bricklayers Union, Local No. 1	LM-30	YE 12/31/05	None	None
Moriwaki, Nolan O.P.C.M.I.A., Local Union 630	LM-30	YE 12/31/05	None	None

Please Receipt and Return One Copy